

TOWN OF GILBERT MEDICAL PLAN OVERVIEW

Plan Year July 1, 2014 – June 30, 2015

Base Plan – Arizona EPO Network			
Single Family			
Total Premium	\$449.94/month	\$1,277.48/month	
Employee Contribution:	\$89.98/month	\$255.50/month	
Full Time and Council	\$44.99/ biweekly	\$127.75 biweekly	
Employee Contribution:	\$179.98/month	\$511.00/month	
Part Time Class Code B	\$89.99/ biweekly	\$255.50 biweekly	

Self Funded Exclusive Provider Organization (EPO) Administered by Mayo Clinic Health Solutions (www.mayoclinichealthsolutions.com) Network			
Administered by Mayo Clinic Health Solutions (www.mayoclinichealthsolutions.com) Network	Plan Type	Self Funded Exclusive Provider Organization (EPO)	
NetworkBlue Cross Blue Shield of AZ PPO Network & Arizona Mayo Clinic providersDependent EligibilitySpouse; Dependent children to age 26Primary Care Office Visit\$20 copay (\$10 for children under age 14)Specialist Office Visit\$35 copayUrgent Care\$35 copayEmergency Room\$150 copayPrescription DrugsSXE/Catamaran National Network \$10 copay (generic), \$25 copay (brand name) \$50 copay (non- formulary)Optical Services\$10 copay; limit 1 exam per year Discounts on purchase of eye glasses at LensCraftersInpatient Hospital\$300 copay per admission (non-emergency)Skilled NursingNo Charge (60 day max)Outpatient Hospital\$150 copayAmbulanceNo copayDurable MedicalNo copay	<i>.</i> 1		
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Durable Medical No copay	Outpatient Hospital	\$150 copay	
* *	Ambulance	No copay	
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Equipment/Prosthetics	Equipment/Prosthetics		

National Network Option			
Single Family			
Total Premium	\$494.94/month	\$1,405.22/month	
Employee Contribution:	\$134.98/month	\$383.24/month	
FT EE's and Council	\$67.49/ biweekly	\$191.62/biweekly	
Employee Contribution:	\$224.98/month	\$638.74/month	
PT Class Code B	\$112.49/ biweekly	\$319.37/ biweekly	

A primary subscriber (employee/retiree) may elect the national network option during initial enrollment (new employee), open enrollment, or within 30 days of a qualifying event (see Summary Benefit Description). Subject to all of the provisions of the Summary Benefits Description, covered benefits apply when services are provided for any covered member by a Blue Cross Blue Shield of Arizona PPO Network provider or Mayo Clinic provider in Arizona. Outside of Arizona, members who elect the national network option may also obtain covered benefits through in-network providers contracted with First Health Network. Search for providers through www.mayoclinichealthsolutions.com or https://firsthealth.coventryhealthcare.com/.

The National Network Option is not a separate plan with different coverage levels. It is an option that provides expanded access to full plan benefits outside of Arizona, with additional premium cost to the employee/member. Upon election, coverage is required to continue through the remainder of the Plan Year (July 1 – June 30).

In all cases, coverage through Out of network providers is limited to Emergency Room and Urgent Care, unless otherwise pre-authorized by the Plan. All benefits and/or limitations and exclusions are to apply equally to participants under either Plan option.